



Confirmation that the scattering of ashes has taken place in accordance with the permit granted

I, the undersigned, hereby confirm that the ashes of

_____ (name and date of death of the deceased)

were scattered on

_____ (date, month, year)

in the locality covered by the permit issued by the district commissioner. The scattering of the ashes took place in full accordance with the provisions of the Regulation on the scattering of ashes, No. 203/2003.

Name of permit holder			
Name:	ID No.:	Email:	
Address:	Post code, City or Town		Tel.:

Witnesses
Name and ID No.:
Name and ID No.:

Written confirmation

Extract from Regulation No. 203/2003

Article 9

After the ashes have been scattered, the permit holder shall submit written confirmation, on a special form supplied by the district commissioner of Norðurlandi eystra, that the ashes have been scattered in accordance with this Regulation. The written confirmation shall be submitted to the ministry not later than one year after the permit to scatter the ashes was issued.

_____ Date

_____ Signature